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Potential persons who are to respond to the collection of information contained in this form SEC 1972 (6/99) are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

OMB APPROVAL OMB Number: 3235-0076 **Expires: May 31, 2005** Estimated average burden hours per response....1.00

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



SEC US	E ONLY
Prefix	Serial
DATE RI	ECEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) SES Capital Fund L.P. Private Placement

Filing Under (Check box(es) that apply): [] Rule 504

[] Rule 505

Type of Filing: [X] New Filing [] Amendment

[X] Rule 506

[] Section 4(6) [] ULOE

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.) SES Capital Fund L.P.

Address of Executive Offices 1385 York Avenue, Apt. 25H

(Number and Street, City, State, Zip Code) New York, NY 10021

Telephone Number (Including Area Code) (212) 879-0632

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)(if different from Executive Offices)

1					
Brief Description of Business Hedge fund trading and investing in securities.					
Type of Business Organization [] corporation [X] limited partnership, already formed [] [] business trust [] limited partnership, to be formed	other (plea	ase specify):	:		
1 1 ministration of the second	Month	Year		• • • • • • • • • • • • • • • • • • • •	
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: NY	11	2002	[x] Actual	[] Estin	nated
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first s		_			•
Securities and Exchange Commission (SEC) on the earlier of the date it is address after the date on which it is due, on the date it was mailed by Un Where to File: U.S. Securities and Exchange Commission, 450 Fifth Stree Copies Required: Five (5) copies of this notice must be filed with the SEI must be photocopies of manually signed copy or bear typed or printed s Information Required: A new filing must contain all information requeste	s received b ited States r et, N.W., Was C, one of whi ignatures. d. Amendme	y the SEC at egistered or c shington, D.C. ch must be n ents need only	the address gi certified mail t . 20549. nanually signe y report the na	ven below o that addr d. Any cop ame of the i	or, if received at that ress. vies not manually signed issuer and offering, any
changes thereto, the information requested in Part C, and any material c the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State:			•	••	
This notice shall be used to indicate reliance on the Uniform Limited Officadopted ULOE and that have adopted this form. Issuers relying on ULOE where sales are to be, or have been made. If a state requires the paymen amount shall accompany this form. This notice shall be filed in the appropriate a part of this notice and must be completed.	must file as t of a fee as opriate states	separate notio a preconditio	ce with the Se n to the claim	curities Ad for the exe	ministrator in each state emption, a fee in the proper
AT Failure to file notice in the appropriate states will not result in a loss of the fed in a loss of an available state exemption unless such exemption is predicated of information contained in this form are not required to respond unless the following	on the filing o	of <u>a federal not</u>	<u>ice.</u> Potential pe	ersons who	
A. BASIC IDE	NTIFICATIO	N DATA			x
2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been orga Each beneficial owner having the power to vote or disponding securities of the issuer; Each executive officer and director of corporate issuers issuers; and Each general and managing partner of partnership issuers.	and of cor	ct the vote o	r disposition		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner	[]Exe	cutive Office	er []Dir	ector	[X] General and/or Managing Partner
Full Name (Last name first, if individual) SES Capital LLC					***************************************
Business or Residence Address (Number and Street, City, State, 1385 York Avenue. Apt. 25H, New York, NY 10021	Zip Code)				
Check Box(es) that Apply: [X] Promoter [X] Beneficial Owner	[X] Exe	cutive Office	er []Dir	ector	[X] General and/or Managing Partner
Full Name (Last name first, if individual) Smith, Scott E.					
Business or Residence Address (Number and Street, City, State, 1385 York Avenue. Apt. 25H, New York, NY 10021	Zip Code)		-		

						B. INFOR	MOITAM	ABOUT	OFFERI	NG			<u>-</u>	
I. Has t	he issue	er sold, c	r does ti	ne issuer	intend t	o sell, to	non-acc	redited i	nvestors	in this c	offering?		Yes []	No [X]
										nder ULOI				_
										• • • • • • • • • • • • • • • • • • • •			\$ <u>50,00</u>	
3. Does	tne ome	ering per	mit joint	ownersn	iip of a s	ingle uni	τγ	•••••	************		• • • • • • • • • • • • • • • • • • • •	••••••	Yes	No r 1
													[X]	[]
similar associa dealer. for that	remune ated pers If more t broker	ration for son or ag	r solicita jent of a (5) perso only.	tion of proker o	urchaser r dealer	s in con registere	nection ved with the	vith sale: ne SEC a	s of secu nd/or wit	irities in th a state	the offer or state	ing. If a s, list th	person t e name	commission o to be listed is of the broker on the informat
						N/A								
Busines	ss or Re	sidence	Address	(Numbe	r and Str	eet, City	, State, Z	ip Code)	ı					
	-													
Name o	of Assoc	iated Bro	oker or D	ealer										
								·						······
		Person				tends to	Solicit P	urchase	rs	r 7.41	1 04-4			
(Cneck [AL]	"All Sta	tes" or c	neck ind [AR]	(CA)	(CO	[CT]	[DE]	[DC]	[FL]	[] AI [GA]	l States [HI]	[ID]		
[IL]	[IN]	[AZ] [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[W]	[WY]	[PR]		
		t name fi		<u></u>	r and Str	eet, City	, State, Z	ip Code)		-,,,,,,,,		· · · · · · · · · · · · · · · · · · ·		
Name o	of Assoc	iated Bro	ker or D	ealer										
States i	in Which	n Person	Listed H	las Solici	ited or In	tends to	Solicit P	urchase	rs					
Charle	"All Sta	tes" or c	لمحاد المحا											
•											I States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[MA]	[MI]	[GA] [MN]	[HI] [MS]	[MO]		
[AL] [IL] [MT]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]			[GA]	[HI]			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[MA] [ND]	[MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[MO] [PA]		
[AL] [IL] [MT] [RI] Full Nai	[AK] [IN] [NE] [SC] me (Las	[AZ] [IA] [NV] [SD] t name fi	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CÓ] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[GA] [MN] [OK]	[HI] [MS] [OR]	[MO] [PA]		
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC] me (Las	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CÓ] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[GA] [MN] [OK]	[HI] [MS] [OR]	[MO] [PA]		
[AL] [IL] [MT] [RI] Full Nai	[AK] [IN] [NE] [SC] me (Las	[AZ] [IA] [NV] [SD] t name fi	[AR] [KS] [NH] [TN] rst, if inc	[CA] [KY] [NJ] [TX] dividual)	[CÓ] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[GA] [MN] [OK]	[HI] [MS] [OR]	[MO] [PA]		
[AL] [IL] [MT] [RI] Full Nar Busines	[AK] [IN] [NE] [SC] me (Lass ss or Re	[AZ] [IA] [NV] [SD] t name fi esidence	[AR] [KS] [NH] [TN] rst, if inco Address oker or D	[CA] [KY] [NJ] [TX] dividual) (Number	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[MO] [PA]		
[AL] [IL] [MT] [RI] Full Name of States in (Check)	[AK] [IN] [NE] [SC] me (Lass ss or Re of Assoc	[AZ] [IA] [NV] [SD] t name fi esidence	[AR] [KS] [NH] [TN] rst, if inco Address oker or D Listed H heck ind	[CA] [KY] [NJ] [TX] dividual) (Number	[CO] [LA] [NM] [UT] r and Straited or Instates)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR]	[MO] [PA]		
[AL] [IL] [MT] [RI] Full Nar Busines	[AK] [IN] [NE] [SC] me (Lass ss or Re	[AZ] [IA] [NV] [SD] t name fi esidence	[AR] [KS] [NH] [TN] rst, if inco Address oker or D	[CA] [KY] [NJ] [TX] dividual) (Number	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[MO] [PA] [PR]		
[AL] [IL] [IMT] [RI] Full Name of States is (Check [AL]	[AK] [IN] [NE] [SC] me (Lass ss or Re of Associ in Which "All Sta [AK]	[AZ] [IA] [IV] [SD] t name fi esidence iated Broom Person tes" or c [AZ]	[AR] [KS] [NH] [TN] rst, if inco Address oker or D Listed H heck ind [AR]	[CA] [KY] [NJ] [TX] dividual) (Number lealer las Solicitividual S [CA]	[CO] [LA] [NM] [UT] r and Strainted or Instates) [CO]	[CT] [ME] [NY] [VT] reet, City	[DE] [MD] [NC] [VA] , State, Z	[MA] [ND] [WA] Cip Code	[MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTIGATION OF THE CONTROL OF SECURITIES INCLUDED IN THE CONTROL OF T	offering and the total amount a	lready sold. Enter "0" if answer is
securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt Equity	· · · · · · · · · · · · · · · · · · ·	\$0_ \$0
[] Common [] Preferred Convertible Securities (including warrants) Partnership Interests	\$0_ \$ <u>No maximum</u>	\$0 \$1,600,000
Other (Specify). Total Answer also in Appendix, Column 3, if filing under ULOE	\$0 \$ <u>No maximum</u>	\$0 \$1,600,000
2. Enter the number of accredited and non-accredited investors v dollar amounts of their purchases. For offerings under Rule 504, the aggregate dollar amount of their purchases on the total lines.	indicate the number of persons	who have purchased securities and
	Number Investors	Aggregate Dollar Amount of Purchases
Approdited Investors		
Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE	0	\$ <u>1,600,000</u> \$0 \$
3. If this filing is for an offering under Rule 504 or 505, enter the in offerings of the types indicated, the twelve (12) months prior to the listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505	N/A	\$ N/A
Regulation A		\$N/A
Rule 504		\$N/A
Total		\$N/A
4. a. Furnish a statement of all expenses in connection with the is amounts relating solely to organization expenses of the issuer. T amount of an expenditure is not known, furnish an estimate and	he information may be given as	subject to future contingencies. If t
Transfer Agent's Fees		\$
Printing and Engraving CostsLegal Fees		\$ \$ <u>5,000</u>
Accounting Fees		\$5,000 \$5,000
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify) Miscellaneous including anticipate Total	d blue sky filing fees [X]	\$ <u>2,000</u> \$ <u>12,000</u>
b. Enter the difference between the aggregate offering price give Question 1 and total expenses furnished in response to Part C - 0		
is the "adjusted gross proceeds to the issuer."		\$ *
	· · · · · · · · · · · · · · · · · · ·	·

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments t Officers, Dire & Affiliates		
Salaries and fees	[]\$		
and equipment	[]\$	[]\$ []\$	
pursuant to a merger)	[]\$	[]\$	
Repayment of indebtedness	[]\$	[]\$	
Working capital Other (specify):	[]\$	[X]\$ <u>*</u> []\$	
	[]\$		
		 	
Column Totals	[]\$	[X]\$ <u></u>	
D. FEDERAL SI The issuer has duly caused this notice to be signed by the undersigne the following signature constitutes an undertaking by the issuer to fu	GNATURE ed duly authorized pers rnish to the U.S. Secur	ities and Exchange Comm	nission, upon
D. FEDERAL SI The issuer has duly caused this notice to be signed by the undersigne the following signature constitutes an undertaking by the issuer to full written request of its staff, the information furnished by the issuer to 502.	GNATURE ed duly authorized pers rnish to the U.S. Secur	son. If this notice is filed uities and Exchange Commestor pursuant to paragra	nission, upon ph (b)(2) of Ro
D. FEDERAL SI The issuer has duly caused this notice to be signed by the undersigned the following signature constitutes an undertaking by the issuer to full written request of its staff, the information furnished by the issuer to 502. Issuer (Print or Type) Signature	GNATURE ed duly authorized pers rnish to the U.S. Secur	son. If this notice is filed uities and Exchange Commestor pursuant to paragra	nission, upon
D. FEDERAL SI The issuer has duly caused this notice to be signed by the undersigne the following signature constitutes an undertaking by the issuer to fu- written request of its staff, the information furnished by the issuer to a 502.	GNATURE ed duly authorized pers rnish to the U.S. Secur	son. If this notice is filed uities and Exchange Commestor pursuant to paragra	nission, upon ph (b)(2) of Ro
The issuer has duly caused this notice to be signed by the undersigned the following signature constitutes an undertaking by the issuer to furwritten request of its staff, the information furnished by the issuer to a 502. Issuer (Print or Type) SES Capital Fund L.P.	ed duly authorized personish to the U.S. Securany non-accredited inv	son. If this notice is filed uities and Exchange Commestor pursuant to paragra	nission, upon ph (b)(2) of Ro Date December 30,
D. FEDERAL SI The issuer has duly caused this notice to be signed by the undersigned the following signature constitutes an undertaking by the issuer to further request of its staff, the information furnished by the issuer to a solution for the information furnished by the issuer to a solution for the information furnished by the issuer to a solution for the information furnished by the issuer to a solution for the information furnished by the issuer to a solution for the information furnished by the issuer to a solution for the information furnished by the issuer to a solution for the information furnished by the issuer to a solution for the information furnished by the issuer to a solution furnished by th	ed duly authorized personish to the U.S. Securany non-accredited inverse for Type)	son. If this notice is filed uities and Exchange Commestor pursuant to paragra	Date December 30, 2002

Ε.	STAT	E SIGNA	<u>TURE</u>		

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions Yes No of such rule? [X]

[]

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
SES Capital Fund L.P.	 	
By: SES Capital LLC, General Partner	Scott & Amen	December 30, 2002
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
By: Scott E. Smith	Managing Member	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	accredite in State (2 sell to non- d investors Part B-Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and Amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ		 								
AR										
CA										
CO										
CY										
DE										
DC										
FL										
GA										
HI					,					
ID										
IL								,		
iN									ļ <u>-</u> -	
IA										
KS							1			
KY										
LA		<u> </u>					 -			
ME										
MD	<u> </u>						-	<u> </u>		
MA		1								
MI										
MN		+				-				
MS										
МО		 								

1	accredite	sell to non- ed investors (Part B-Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and Amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MT								 		
NE		 						<u> </u>		
NV								 -		
NH								 		
NJ		<u> </u>			_					
NM								 _	<u> </u>	
NY		x	Limited Partnership Interests/no price per interest; minimum subscription amount is \$50,000	13	\$1,600,000	N/A	N/A		X	
NC								\ -	-	
ND										
ОН		<u> </u>								
ОК										
OR										
PA								 		
RI		 						<u> </u>		
sc										
SD								1		
TN							-			
TX							·	 		
UΤ	l	 						1		
VT		 						+		
VA	<u> </u>							 		
WA		 								
WV	 	 					··			
WI								<u> </u>		
WY		 						 		
PR		 	-					-		